

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/527436

FILING DATE

APPLICANT(S)

3/11/05

CLAIMS

10/527436

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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2			/			
3			/			
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	5	←	5	←		←
TOTAL CLAIMS	6		7			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓			↓	↓
TOTAL DEP.		←			←	←
TOTAL CLAIMS						